



HANOVER MA TAXATION AID COMMITTEE

ELDERLY AND DISABLED FUND

The Hanover Taxation Aid Fund was created in accordance with General Law, Chapter 60, Section 3D, which allows the Town to establish a fund to defray the real estate taxes of low income elderly and disabled persons. The fund was authorized by vote of Annual Town Meeting, May 4, 1999, Article 13 (acceptance of Massachusetts General Law Chapter 60, Section 3D).

Mission: To provide taxation assistance for the elderly and disabled residents of Hanover from volunteer contributions of its citizens.

If you need assistance completing this application, please contact Tammy at the Council on Aging at 781-924-1913 ext.1102, or the Finance Director at 781-826-5000 ext. 1037

Eligibility Criteria for assistance from this fund are as follows:

- **OCCUPANCY:** Applicant must currently own and have lived at this address in Hanover for at least one year as their primary residence.
- **CRITERIA:** Applicant must be elderly or disabled.
 - “Elderly” is defined as 55 years of age by the application deadline. Priority may be given to those who are 60 years of age or older.
 - “Disabled” is defined as being unable to work due to illness or accident and/or receiving benefits from a government organization because of disability.
- **GROSS INCOME:** Total yearly gross income of Applicant(s), including Social Security, must be less than \$40,000 if single, or less than \$55,000 for a household of 2+

Unusual financial hardship will be factored into decisions.

Application Process:

- **APPLICATION FORMS:** A best effort will be made to have forms available at the John Curtis Free Library and the Council on Aging, and they will be available year-round at Town Hall and on the Town of Hanover website at www.hanover-ma.gov/taxation-aid-committee
- **PRIVACY:** All information supplied to the Committee will be held in the strictest of confidence and not be open for public inspection.
- **ADDITIONAL CIRCUMSTANCES:** In reviewing applications, consideration will also be given to an applicant’s overall financial situation. Unusual financial hardship will be factored into decisions.

MAIL TO:

**Hanover Taxation Aid Committee
550 Hanover Street Suite 1
Hanover, MA 02339**

If you need assistance completing this application, please contact Tammy at the Council on Aging at 781-924-1913 ext.1102, or the Finance Director at 781-826-5000 ext.1037

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Copy of most recent Hanover Real Estate Tax and Personal Property Tax bills
- Copy of Disability Documentation if disabled (doctor's note may be acceptable if disability is temporary)

PLEASE PRINT CLEARLY

Applicant's Name: _____

Phone Number: _____ **Email:** _____

Marital Status: _____

Mailing Address: _____

Address of Property: _____

(if different) _____

Is this your primary residence? _____ **Years owned:** _____

PLEASE PRINT CLEARLY

A. Gross Annual Income

- | | |
|---|----------|
| 1. Wages, salary, or business revenue | \$ _____ |
| 2. Social Security | \$ _____ |
| 3. Retirement | \$ _____ |
| 4. Assistance from Spouse, Family, etc. | \$ _____ |
| 5. Other Income (Rent, IRAs, Annuities, etc.) | \$ _____ |

Please specify: _____

A. Total Gross Annual Income \$ _____

Comments: _____

PLEASE PRINT CLEARLY

B. Annual Expenses

- | | |
|--|----------|
| 1. Mortgage Payment | \$ _____ |
| 2. Credit Cards | \$ _____ |
| 3. Medical Bills (including prescriptions) | \$ _____ |
| 4. Car Loans, etc. | \$ _____ |
| 5. Other | \$ _____ |

Please specify: _____

B. Total Annual Expenses \$ _____

Comments: _____

Please use this page to explain any unusual circumstances, explain the nature of your disability, or leave any additional comments.

PLEASE PRINT CLEARLY

CERTIFICATION: I certify that the information I have provided in this application (including supporting documentation) is complete and accurate. I understand that all information is subject to verification. I understand that if approved and the Town of Hanover becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Hanover within 120 days of notification of termination. I authorize the Town of Hanover to obtain further information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility.

SIGNATURE _____ DATE _____

FOR TAXATION AID COMMITTEE USE ONLY

Date Denied: _____

Date Granted: _____

Amount Granted: _____

Comments: _____

Signature(s) _____